

OFFICE OF MANAGEMENT AND BUDGET  
DIVISION OF FACILITIES MANAGEMENT

**PROJECT REQUEST FORMS**

**PROJECT INFORMATION**

Department: \_\_\_\_\_ Agency: \_\_\_\_\_

Location: \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Project Budget: \_\_\_\_\_ Projected End Date of Project: \_\_\_\_\_

Funding Source: FY \_\_\_\_\_ FUND \_\_\_\_\_ APPR \_\_\_\_\_

FY \_\_\_\_\_ FUND \_\_\_\_\_ APPR \_\_\_\_\_

FY \_\_\_\_\_ FUND \_\_\_\_\_ APPR \_\_\_\_\_

**PRIORITY**

PRIORITY (check one) ☐ 1 Critical – Defer other active projects Date Required: \_\_\_\_\_  
☐ 2 High – Inset into current FY Budget  
☐ 3 Routine – Incorporate into Long Range Plan FY \_\_\_\_\_ QTR \_\_\_\_\_

**AGENCY CONTACT(S)**

POINT(S) OF CONTACT:	NAMES	TITLE	PHONE #
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**AGENCY AUTHORIZED SIGNATURES**

AGENCY SIGNATURES:

Capital Project Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Head: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OMB/FACILITIES MANAGEMENT USE ONLY**

Project Manager: \_\_\_\_\_

Approved ☐ \_\_\_\_\_ Project Title: \_\_\_\_\_

Not Approved ☐ \_\_\_\_\_ A/E Firm: \_\_\_\_\_

Date Returned to Agency: \_\_\_\_\_ Project Number: \_\_\_\_\_

PHASES: IBU/MBU Project Description

\_\_\_\_\_

\_\_\_\_\_

**NOTES**

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